Į.			D A D/T F	DEE/C	A NICE STORM A T		/	
Ϋ́	PART B - FEE(S) TRANSMITTAL Complete and send this orm, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE							
i,	JUN 1 5 2005 &					for Patents rginia 22313-1450	L.	
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1	maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of address)							
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01 F	FC:2501 700.00 OP FC:1504 300.00 OP				Doen T	Lean	(Signature)	
02.1					6/13/65	- "	(Date)	
ſ	APPLICATION NO.	FILING DATE		FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
Ğ	10/811,269	03/26/2004	Matthew		B. Porter	61340	1615	
ſ	APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$700		\$300	\$1000	07/01/2005	
٢	EXAMINER		ART UNIT		CLASS-SUBCLASS	٦		
Ĺ	MORROW, JASON S		3612		296-098000	_	•	
i C	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
ا ا ا ا	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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4	4a. The following fee(s) are enclosed: 4b ✓ Issue Fee			b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.				
	Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.				
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5		(from status indicated above MALL ENTITY status. See		☐ b. Appli	cant is no longer claiming SM	ALL ENTITY status. See 37 (CFR 1.27(g)(2).	

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